

Exhibit 10

1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE NORTHERN DISTRICT OF OHIO
3 EASTERN DIVISION

- - -

4 IN RE: NATIONAL : HON. DAN A.
5 PRESCRIPTION OPIATE : POLSTER
6 LITIGATION :
7 :
8 APPLIES TO ALL CASES : NO.
9 : 1:17-MD-2804

- HIGHLY CONFIDENTIAL -

SUBJECT TO FURTHER CONFIDENTIALITY REVIEW

- - -

JANUARY 24, 2019

- - -

10 Videotaped sworn deposition of
11 CHRISTINE BAEDER, taken pursuant to
12 notice, was held at GOLKOW LITIGATION
13 SERVICES, One Liberty Place, 1650 Market
14 Street, Philadelphia, Pennsylvania,
15 beginning at 9:09 a.m., on the above
16 date, before Margaret M. Reihl, a
17 Registered Professional Reporter,
18 Certified Shorthand Reporter, Certified
19 Realtime Reporter, and Notary Public.

- - -

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24

1 responsibility was new --
2 commercialization of new product
3 launches for generics. I did that for
4 about a year. I took a leadership role
5 in customer service after about a year.
6 I stayed in that role, and that role
7 also expanded, so I went from a director
8 to a senior director for about four
9 years, maybe five years.

10 And then I -- I was promoted to
11 be the head of customer operations and
12 marketing operations for US generics. I
13 did that for two years.

14 And then Teva made a large
15 acquisition of Actavis causing somewhat
16 of a restructure, and I, in large part,
17 kept my role and my reporting structure
18 changed, and I became the senior vice
19 president at that time. I did that for
20 about two years.

21 And then Teva -- Teva had a new
22 global CEO at the end of 2017. He did a
23 leadership restructure, which had some
24 downstream changes, implications as

1 well, and so my reporting structure
2 changed at that point in time. And then
3 four or five months later Maureen
4 Cavanaugh, who was the COO of US
5 generics left the company, and they
6 combined her and my role.

7 Q. And you are currently chief
8 operations officer, correct?

9 A. For US generics, yes.

10 Q. US generics of Teva?

11 A. Yes.

12 Q. All right. Going back to your
13 employment with did you say Organon Pharma?

14 A. Organon.

15 Q. Approximately when did you
16 commence employment with that company?

17 A. We moved in 2002. I did it for
18 about a year. So 2000 or 2001.

19 Q. Okay. So fair to say since 2000
20 or 2001, your professional career has been spent
21 in the pharmaceutical industry?

22 A. Yes.

23 Q. Okay. Was Isotech a pharma
24 company?

1 A. Isotech was a provider to defense
2 companies and pharmaceutical companies.

3 Q. Okay. So it had -- it certainly
4 had a pharmaceutical component to it?

5 A. More of a research component.
6 They certainly didn't make -- the chemicals that
7 Isotech makes are extraordinarily expensive,
8 could be a million dollars for 2 grams, so
9 they're not something that's used in
10 commercialization. It's high R&D.

11 Q. Okay, I understand. You were
12 at -- at Organon you were a field sales rep as
13 it relates to anesthesia products, did you say?

14 A. Correct.

15 Q. And then at Sandoz, your initial
16 responsibilities involved customer service?

17 A. Correct.

18 Q. What was the nature of those
19 customer service responsibilities?

20 A. There was various facets. There
21 was answering the phone and trying to direct
22 patients to information they were seeking. For
23 example, I'm allergic to red dye number 10, can
24 you tell me does this drug have red dye number

1 business that could impact the other
2 side. Predominantly, we would talk if
3 there was a decision to be made on the
4 generic side that would impact the brand
5 side, because the generic business is a
6 portfolio business, not a product by
7 product business. On the brand side
8 there are -- it's much more product
9 focused.

10 BY MR. KIEFFER:

11 Q. Okay. And is, again -- and I do
12 realize we're speaking in generalities.

13 A. Yeah.

14 Q. Sometimes that's helpful,
15 sometimes it gets too general to be meaningful.
16 So if it gets too general to be meaningful, you
17 tell me.

18 You mentioned that the generic
19 business is a portfolio business, but, again,
20 recognizing that not everybody on our jury may
21 use that word every day, a portfolio is a
22 grouping of products, right?

23 A. Correct.

24 Q. And does the generic business

1 tend to be more of a portfolio business because
2 of the nature of the customer, the immediate
3 customers that Teva has on the generic side?

4 MS. HILLYER: Objection to form.

5 THE WITNESS: I don't know how to
6 answer that. Let me give -- provide
7 some information and see if it answers
8 your question.

9 Teva has around 1,200 products.
10 I think we've had up to 1,500 generic
11 products, and right now we have
12 somewhere between 1,100 and 1,200
13 products.

14 BY MR. KIEFFER:

15 Q. Generic products?

16 A. Generic products.

17 Q. Thank you.

18 A. So the nature of the business is
19 quite different because you have a relatively,
20 relative to the brand side of the business,
21 small amount of individuals that are responsible
22 for the sales of a very large amount of
23 products.

24 Q. And a substantial part, and we

1 will get into some of this in a bit more detail
2 later in the day, but a substantial part of
3 Teva's generic sales is concentrated among a
4 relatively small number of very large customers,
5 correct?

6 MS. HILLYER: Objection to form.

7 THE WITNESS: The US generic
8 marketplace is quite consolidated as far
9 as market share, and there are three
10 very large buying groups. They're
11 actually not one customer. They're made
12 up of multiple customers, but there are
13 three dominant retail GPOs is how we
14 refer to them.

15 BY MR. KIEFFER:

16 Q. Retail?

17 A. GPOs, group purchasing
18 organizations.

19 Q. Okay. Is one of those an
20 enterprise that goes by the name Walgreens Boots
21 Alliance?

22 A. Yes, we refer to that as WBAD.

23 Q. That's come up in other
24 depositions.

1 context of generics, can you explain what you
2 mean?

3 A. Generics provides pricing and
4 generic provides availability information.

5 Q. Do you believe that Teva promotes
6 generic medications to physicians?

7 A. No.

8 Q. Why not?

9 A. The decision-maker in generic
10 procurement is not the physician. It's the
11 officer at a corporate retail chain.

12 Q. And is the same true for generic
13 opioid medications, Teva does not promote to
14 physicians?

15 A. Correct, yes.

16 Q. Does Teva promote generic
17 medications to patients?

18 A. No.

19 Q. Why not?

20 A. The economics of the generic
21 products don't support the generally very
22 expensive interfaces to reach patients.

23 Q. And is the same true for generic
24 opioid medications?

1 A. Yes.

2 Q. And you mentioned that as for
3 generics, Teva engages in product availability
4 and pricing type of marketing; is that right?

5 A. Correct.

6 Q. Is that different from what you
7 understand the brand side does in terms of
8 marketing?

9 A. Yes.

10 Q. Does Teva have a marketing budget
11 for its generic opioid medications?

12 A. Not a specific budget for generic
13 opioids.

14 Q. But does it have a marketing
15 budget for generics generally?

16 A. It has a small marketing budget
17 for generics generally.

18 Q. And what is that budget for?

19 A. That budget is for support of
20 availability messaging, a limited number of
21 journal advertisements around availability
22 messaging, as well as coupons, programs for some
23 limited generic products where it's deemed
24 appropriate.

1 Q. Does Teva USA provide any
2 messages concerning safety or efficacy of its
3 generic opioids?

4 A. No.

5 Q. To your knowledge, has it ever?

6 A. No, not to my knowledge.

7 Q. Does Teva USA sponsor any
8 continuing medical education programs for
9 generic opioids?

10 A. Not to my knowledge.

11 Q. Has it ever?

12 A. No.

13 Q. Does Teva USA's budget for
14 generics include sponsoring any pain-related
15 trade associations?

16 A. Not to my knowledge.

17 Q. Has it ever?

18 A. No.

19 Q. Has Teva USA ever sponsored any
20 key opinion leaders to conduct speaker or other
21 programs to a generic -- for its generic
22 opioids?

23 A. Not to my knowledge.

24 Q. Has it ever?